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Office. 242 Stat

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2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

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Name	Member of:						
Sharon Treat	凹 House	☐ Senate					
Mailing address	District	de la companya de la					
22 Page St.	79						
City, zip code	Phone	AND					
Hallowell ME 843	207.623	1.7161					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
Name of Employer		Address	Principal Type Activity of				
National Legislature Association on	POBOX 492		Public p	olicy			
Prescription Drug Prices		Jell ME 04347	hon bud	()			
Tresoription simplificas	nijanasaanaanaanaanaanaanaanaan						
Presuription Policy Choicos	e e e e e e e e e e e e e e e e e e e	0×204	public p				
	HERRY 8	well, LE 04347	non proje	+			
	**************************************		CCC SALES MAN COMMISSION OF THE PROPERTY OF TH				
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		,					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)							
A. List the name and address of your bust derived income. If associated with a partner areas of economic activity of that entity.	siness, if a	ny, and list the major areas of ed	conomic activity for ar business entity	om which you , list the major			
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas Acti (partnership, asso busines	vity ociation or similar			
Name:				- colon (1991 1100			
Address:			A CONTRACTOR OF THE CONTRACTOR				
Name:				ECCLA A A A A A A A A A A A A A A A A A A			
Address:			Viscouries.				

	RIVED FROM SELF-EMPLOYMENT of are self-employed.)
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the	epresents more than 10% of your gross income or \$1,000, whichever entity or person from whom you derived such income. If this form of essional ethics, specify only the principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: .	
Address:	
Name:	AND
Address:	
(For Legislators who are	REAS OF PRACTICE e attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list tr	
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name: I omnot essociated with a Address: advice to the Without Legal	presonption atrie dune paint
Name: Association on the cription Address: drugpies & Prescription they a	voice (sefort!)
PART 4. OTHER SC	DURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2	
None	ためたいから、中学のアプリストのことにいいたいが、他の時代の時代の主要のでは、全体のです。「「「「「「」」」がいったいが、他の時代のできない。「「「「」」「「「」」」では、いったいが、できない。「「「」」「「「」」」「「「」」」「「「」」」「「」」」「「」」」「「」」
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	denotes and half Maria
Address:	
Name:	Line in the second seco
Address:	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you received during the reporting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	WARRING AT ALL AND ALL
Name: Address:	
PART 6. REPO	
List the specific source of each gift of more than \$300. Include gifts none, check the box	
None	
Name of Source of Gift 1.	Name of Source of Gift 3.
2.	20032000000000000000000000000000000000

PART 7. REPORTABLE HONORARIA						
List the source of any honoraria accepted for appearances or speech	hes rela	ited to yo	our offi	cial duties. If none, check the box.		
None			Olimbros and Control of the Control			
Name of Source of Honoraria			Na	ame of Source of Honoraria		
1.	3.	-				
2.	4.	BOCCOSTS BOCCOSTS Secretary of The Secre	- III (doctoroughelysponyy)			
PART 8. REPRESENTATION	BEFO	RE ST	ATE A	GENCIES		
List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.						
None	delicence and a second control of the second	neerronnennennennennten	WESTATE TO STATE OF THE STATE O			
Name of Agency Name of Agency						
1.	3.					
2.	4.					
PART 9. BUSINESS W	ITH ST	ATE A	GENC	RES		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of					
None						
Name of Agency				Name of Agency		
1.	3.	LCC-975035 Aucharh an arrens	Substitute of the substitute o	Galific Constant American Am		
2.	4.					
PART 10. INCOME RECEIVED BY	MEMBI	ERS OF	- IMM	EDIATE FAMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.						
Type of Economic Activity Representing Source of Income Receiv	ved	Circ approj lett	priate	Kind of Income		
1. L.L. Bean (Partner)	1-494-0000 ESC	(Ŝ)	D	Salary		
2. Londellow's Preenhouse Porest	200	(\$~)	D	< Division		
3.	<u> </u>	S	D	·		
4.	1800884 ABNOBANANANANANANANANANANANANANANANANANA	S	D			
SIGNATURE						
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)						
The intentional filing of a false statement is a Class E crime. If	the Co	mmissic	on con	cludes that it appears that a Legislator has		

willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

(1 M.R.S.A. § 1019)

Signature

NAME:	DATE:							
ADDRESS:	Монеция (объемия по общения по учения на подости на подости на подости на подости на подости на подости на под На подости на подости	MANAGAN (MICHAEL AN	nnennenn en e	AMANANANAN ANTON SERSEBAT BEBER SERIA PROGRAMAN PROPRIA ANTON SERIA SERIA PROGRAMAN PER SERIA SE	- er den filos en	na maa ka k		
ADDITIONAL INFORMATION								
Please provide any addit information you are provide	ional information be ing.	low (and on	additional sheets	if needed).	Indicate the part or sect	ion number for the		
Part/Section Number								
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